

Kansas Department of Health and Environment

Bureau of Family Health

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Child Care Unit Phone: (785) 296-1270

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REQUEST FOR KBI/DCF CHILD ABUSE REGISTRY CHECK FOR CHILD CARE AND RESIDENTIAL CARE FACILITIES

Type of Facility: ☐ Child Day Care ☐ Child Care Resource & Referral Agency ☐ 24 Hour Residential Care ☐ Child Placement Agency
Or School Age Programs Including Family Foster Care

| | | |
|---|-----------------------|-------------------|
| Name of Facility exactly AS STATED ON THE LICENSE/CERTIFICATE | License/Certificate # | Date (MM/DD/YYYY) |
| Street Address of Facility | City | Zip Code + 4 |
| First and Last Name of the Individual Completing This Form | Phone # | E-mail address |

I. This request for background check is being completed to meet the requirements for (CHECK ONLY ONE):

☐ **Initial Application** ☐ **Renewal** **The information provided on this form is to include:** yourself; all other persons 10 years of age and older living in the facility; all persons working and/or volunteering in the facility; all substitutes and other caregivers or helpers, including relief and support staff.
☐ **New person(s) living, working or volunteering in the facility** The information provided on this form is to include only the identifying information for new individual(s).

All blank spaces must be completed, however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or Other name, mark N/A. DO NOT include children or youth for whom you provide services. COMPLETE BOTH SIDES OF THIS FORM.

II. Check Yes or No for each question below with regard to the persons listed on this form. If answering yes, complete the information in this section.

| Yes | No | | Name of Person | Date | Court of Action and State and County |
|-----|----|--|----------------|------|--------------------------------------|
| | | Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children? | | | |
| | | Had a felony conviction under the uniform controlled substances act? | | | |
| | | Been adjudicated (found or determined in a court of law to be be) a juvenile offender, delinquent, or miscreant? | | | |
| | | Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by SRS? | | | |
| | | Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse? | | | |
| | | Had parental rights terminated? | | | |
| | | Signed a diversion agreement involving child abuse or a sexual offense? | | | |
| | | Been found to be a disabled person in need of a guardian or conservator or both? | | | |

